CARLSON HOME / HOSPITAL SCHOOL
Supply Requisition

TEACHER: _____ **DATE RECEIVED:** _____
DAY TIME PHONE #: (____)_____ **DATE FILLED:** _____

ALLOW A MINIMUM OF TWO WEEKS FOR THIS ORDER TO BE PROCESSED. OUT OF STOCK ITEMS MAY REQUIRE A SIX WEEKS DELAY. PLAN AHEAD FOR SPECIAL PROJECTS.

QUANTITY (Box, Each, Btl., Ream, Pkg.)	ARTICLE REQUESTED DESCRIPTION	OFFICE USE ONLY ***COMMENTS

YOU WILL BE NOTIFIED WHEN YOUR ORDER IS COMPLETE.

_____ _____
TEACHER'S SIGNATURE ADMINISTRATOR'S SIGNATURE

_____
SIGNATURE OF REP. FILLING ORDER

*****KEY FOR COMMENTS SECTION:**
N/A - Not Available through school supplies.
Contact administrator regarding use of Imprest Fund.
O/S - Out of stock. Reorder at a later date if item is still needed.

10/08